

DOCKET NUMBER: GB920000088US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :
 Berardino Salvatore : Before the Examiner:
 : Tadesse Hailu
 Serial No: 09/920,404 :
 : Group Art Unit: 2173
 Filed: 08/02/2001 :
 : Confirmation No.: 5864
 Title: GRAPHICAL USER INTERFACE :

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required
☒ The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	20	MINUS	20	=	0	x 18 =	\$ 0.00
Indep.	8	MINUS	3	=	5	x 86 =	\$430.00
1st Presentation of Multiple Dep. Claim						x 260 =	\$ 0
						TOTAL	\$430.00

☒ Please charge my Deposit Account No. 09-0447 in the amount of \$ 430.00.
 A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

☒ Any additional fees required under 37 CFR \$1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR \$1.17.

Respectfully submitted,

By: 

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11/19/2004 ASINGLET 00000001 090447 09920404

PAGE 4/18 * RCVD AT 7/7/2004 5:18:05 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-1/2 * DNIS:8729306 * CSID:512 306 0240 * DURATION (mm:ss):04:16

01 FC:1201 430.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

689-2000-0088-US1

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	6	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	6 minus 20=	-
INDEPENDENT CLAIMS	2, minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12	20	=
Independent	8	3	= 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	710

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	430
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	430

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.